

How to File a Complaint if You Believe Your Privacy Rights Have Been Violated

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

**The Salt River Pima-Maricopa Indian Community
Department of Health and Human Services
Director
10005 E. Osborn Rd.
Scottsdale, AZ 85256
Phone: (480) 362-5500**

Or

You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. To ask for a complaint form, write to:

**US Dept of Health & Human Services
Office of Civil Rights
50 United Nations Plaza - Room 322
San Francisco, CA 94102
Attn: Regional Manager**

Or call for a complaint form at 1-800-368-1019

We will take no retaliatory action against you if you make such complaints.



Notice of Privacy Rights



River People Health Center

10901 E McDowell Rd, Scottsdale, AZ 85256
Salt River Pima-Maricopa Indian Community
www.rphc.org | 480-278-RPHC(7742)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Our Duty to Safeguard Your Protected Health Information

Individually identifiable information, maintained in the SRPMIC DHHS designated record set, about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (PHI).

How We May Use and Disclose Your Protected Health Information

The SRPMIC DHHS uses or discloses PHI for a variety of reasons. We have a limited right to use or disclose your PHI for purposes of treatment, payment and health care operations. For uses or disclosures, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. You also have the right to revoke your authorization. However, the law provides that we are permitted to make some uses or disclosures without your consent or authorization. The following offers more description and some examples of our potential uses or disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

Generally, we may use or disclose your PHI as follows:

For treatment: We may use or disclose your PHI to provide, coordinate, or manage your healthcare and any related services. For example, your PHI will be shared among members of your treatment team, or with the SRPMIC DHHS staff. Your PHI may also be shared with outside entities performing other services relating to your treatment. Some of these services include communicating with health professionals and state agency workforce members to plan your care and treatment or for consultation. Your information may also be shared for treatment and care with other Divisions within SRPMIC.

For payment: We may use or disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status, and/or release portions of your PHI to the “Arizona Medicaid Agency” (Arizona Health Care Cost Containment System [AHCCCS]). We may also use or disclose your PHI to a private insurer to get paid for services that we delivered to you.

For health care operations: We may use or disclose your PHI for health care operations. For example, members of the team may share PHI to assess the care and outcomes in your case. We may use your PHI in reviewing and improving the quality, efficiency and cost of care.

Uses and Disclosures of PHI Not Requiring Authorization:

Unless otherwise prohibited by law, we may use or disclose your PHI without consent or authorization in the following circumstances:

When required by law: We may disclose PHI as required by tribal, state or federal law. Examples include reporting information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order or other legal process, judicial and administrative proceedings, and certain other law enforcement situations, to personal representatives, and workers compensation. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For public health activities: We may disclose PHI when we are required to collect information for, and including situations pertaining to, the conduct of public health surveillance, public health investigations and public health interventions and the reporting of vital events such as birth or death to the public health authority.

For health oversight activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include monitoring, audits, investigations, inspections, and licensure.

Relating to decedents: We may disclose PHI relating to an individual's death including information to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For research purposes: In certain limited circumstances, we may disclose your PHI for research purposes. For example, a research project may involve the care and recovery of all enrolled persons who receive one medication for the same condition. All research projects are subject to a special approval process. We will obtain your written authorization if the researcher will use or disclose your behavioral health PHI.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: We may disclose PHI of military personnel and veterans in certain situations. Other government related disclosures may include information disclosed to Human Rights Committees, the Sexually Violent Persons Program, correctional facilities and other law enforcement custodial situations, to government benefit programs relating to eligibility and enrollment, and for tribal or national security reasons, such as protection of the President.

Uses and Disclosures to which you have an opportunity to object:

In the following situations, we may disclose a limited amount of your PHI, if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

To families, friends or others involved in your care: We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

Your Rights Regarding Your Protected Health Information.

You have the following rights relating to your Protected Health Information:

Right to Request Restrictions. You have the right to request that we restrict use or disclosure of your health information to carry out treatment, payment, health care operations, or communications with family, friends, or other individuals. We are not required to agree to a restriction. We cannot agree to limit uses/disclosures that are required by law.

Right to Request Conditions on Providing Confidential Communications. You have the right to request that we send communications that contain PHI by alternative means or to alternative locations. We must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you.

Right to Inspect and Copy. You have the right to inspect and copy health information that we maintain about you. Your request should be in writing. If copies are requested or if you agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee for the costs of copying, including labor, postage; and preparation cost of an explanation or summary. We may deny your request to inspect and copy in certain circumstances as defined by law.

Right to Request an Amendment. You have the right to request an amendment be made to your health information for as long as we maintain such record. The request must be in writing. Your request must include the reason or reasons that support your request. We may deny your request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law, or is accurate and complete.

Right to Receive an Accounting of Disclosures. You have the right to receive an accounting of disclosures of your health information created by us. This does not include disclosures made: to carry out treatment, payment and health care operations; to you; to family, friends or others involved in your care; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or disclosures made prior to the HIPAA compliance date of April 14, 2003. Your first request for accounting in any 12-month period will be provided without charge. A reasonable, cost-based fee shall be imposed for each subsequent request.

You have the right to receive this notice: You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.